

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|--------|
| FEE DETERMINATION | BT | | 1-4-00 |
| O.I.P.E. CLASSIFIER | | 59 | 1-1800 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | LH | 60105 | 2-5-00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|--------|
| Final Original | |
| 1 | 1/1/00 |
| 2 | 1/1/00 |
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| Claim | Date |
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| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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